

TOP A

1. NAME OF PERSON APPOINTED AS YOUR AFFILIATE IN THIS FORM		2. DATE OF APPOINTMENT		3. DATE OF DETERMINATION THAT THIS FORM IS BEING USED		
(Last-First-Middle)		(Middle)		(Last-First-Middle)		
4. RESIDENCE DATA ADDRESS AND RESIDENCE WHEN APPOINTED						
5. ADDRESS OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)						
6. ADDRESS IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE						
7. MARRITAL STATUS						
ONE OR EXT ONE	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, INDICATE PLACE OF MARRIAGE			DATE OF MARRIAGE			
IF DIVORCED, PLACE OF DIVORCE DECREE			DATE OF DECREE			
IF WIDOWED, INDICATE PLACE SPOUSE DIED			DATE SPOUSE DIED			
8. IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)						
9. MEMBERS OF FAMILY						
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NUMBER				
NAME OF CHILDREN	ADDRESS	SEX	AGE			
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NUMBER				
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NUMBER				
10. WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?						
11. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY						
NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP					
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER					
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION					
12. IS THE INDIVIDUAL NAMED ABOVE HAVING OF YOUR AGENCY AFFILIATION?						
<input type="checkbox"/> YES	<input type="checkbox"/> NO					
13. IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?						
<input type="checkbox"/> YES	<input type="checkbox"/> NO					
14. DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?						
<input type="checkbox"/> YES	<input type="checkbox"/> NO					
15. THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 7 OR THE REVERSE SIDE OF THIS FORM.						
16. VOLUNTARY ENTRIES						
17. INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS						
18. CONTINUED ON REVERSE SIDE						
19. CURRENT RESIDENCE AND DEPENDENCY REPORT						

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(CONTINUED)

IN whose NAME(S) ARE THE ACCOUNTS LISTED?

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. IF "YES", WHERE IS DOCUMENT LOCATED?

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

SIGNATURE

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